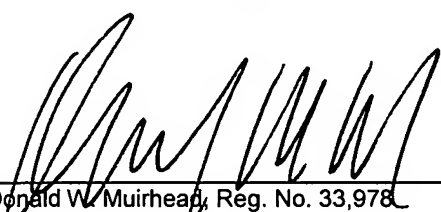
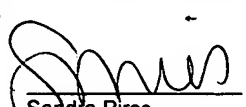


| AMENDMENT TRANSMITTAL LETTER | | | | Docket Number VPM-02101 | | |
|---|---|----------------------------|---|--|---------------------------------|------------------------|
| Application Number 10/523,120 | | Filing Date May 3, 2006 | | First Named Inventor: Takashi Yoshimura | | Group Art Unit 2473 |
| Invention Title: STATION | | | | | Examiner Adam K. Duda | |
| TO THE COMMISSIONER FOR PATENTS | | | | | | |
| Transmitted herewith is an amendment in the above-identified application, including: <input checked="" type="checkbox"/> Request for Continued Examination; <input checked="" type="checkbox"/> Amendment and Response; <input checked="" type="checkbox"/> Amendment Transmittal; <input checked="" type="checkbox"/> Petition for One Month Extension of Time; <input checked="" type="checkbox"/> PTO-2038; and <input checked="" type="checkbox"/> Return Postcard. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | (1) | | (2) | (3) | | |
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT NUMBER EXTRA | RATE | FEE |
| TOTAL CLAIMS | 24 | Minus | 24 | 0 | x \$ 52 | \$ |
| INDEPENDENT CLAIMS | 3 | Minus | 3 | 0 | x \$220 | \$ |
| MULTIPLE DEPENDENT CLAIM ADDED | | | | | \$390 | \$ |
| | | | | | TOTAL | \$ |
| If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | | | SMALL ENTITY TOTAL | | \$ |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for Total Claims in column 2 is less than 20, enter "20." *** If the highest number previously paid for Independent Claims in column 2 is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p><input type="checkbox"/> Please charge Deposit Account Number 503596 in the amount of \$_____.</p> <p><input type="checkbox"/> Please charge \$_____ to our credit card. Attached is PTO Form 2038.</p> <p><input type="checkbox"/> A check in the amount of \$_____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 503596.</p> | | | | | | |
|  Donald W. Muirhead, Reg. No. 33,978 January 25, 2010 Date | | | | <div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 25, 2010.</p> Sandra Pires</div> | | |
| Customer No. 54004 | | | | | | |